



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E394381**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>
TRIBAL RESERVATION <input type="checkbox"/>		

CASE #	15-00202	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK TREE OR STUMP

DATE OF COLLISION	01	-	22	-	2015	TIME (2400)	0344	COUNTY #	31	MILES	0	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF <input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
LUNDEEN PARKWAY		BLOCK NO. <input checked="" type="checkbox"/> 1800
		MILE POST <input type="checkbox"/>

DISTANCE	500	00	MILES <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SR 9 NE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4259318932
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LAST NAME	BRAGER	FIRST NAME	JACOB	MIDDLE INITIAL	R
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STREET NEW ADDRESS	1117 MAPLE ST
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CITY	EVERETT	ST	WA	ZIP	98201
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	BRAGEJR160D9	STATE	WA	SEX	M	D.O.B.	03	29	1984
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B67059U	STATE	WA	VIN#	1B7EZ44B3CD226366
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1982	MAKE	DODG	MODEL	PICKUP	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 010934236C
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	LAKE STEVENS	FIRST NAME	CITY OF	MIDDLE INITIAL	
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STREET NEW ADDRESS	1812 MAIN ST
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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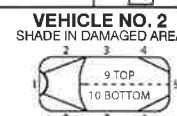
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	M. HINGTGEN	BADGE OR ID #	126	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E394381

CASE #

15-00202

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

NELSON SHELLEY J

ADDRESS & PHONE #

1725 PINE ST EVERETT WA 98201

SEX

M

D.O.B.
MMDDYYYY

01

07

1972

PASSENGER



WITNESS



UNIT #

1

SEAT
POS.

3

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

2

INJURY
CLASS

1

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER



WITNESS



UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER



WITNESS



UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Veh #1 was traveling west on Lundeen Parkway from the intersection of SR 9 NE and Lundeen Parkway. Veh #1's passenger side tires, exited the roadway to the right over a curb, and began traveling on a grass strip near a sidewalk. While on the grass, the vehicle impacted two moderate trees and a No Parking Sign. From the location the vehicle exited the roadway to the final resting location was approximately 100 feet.

The driver of Veh #1 stated that he may have fallen asleep.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-22-15 05:48 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

1/22/2015 9:12:16 PM

BADGE OR ID #

126

ORI #

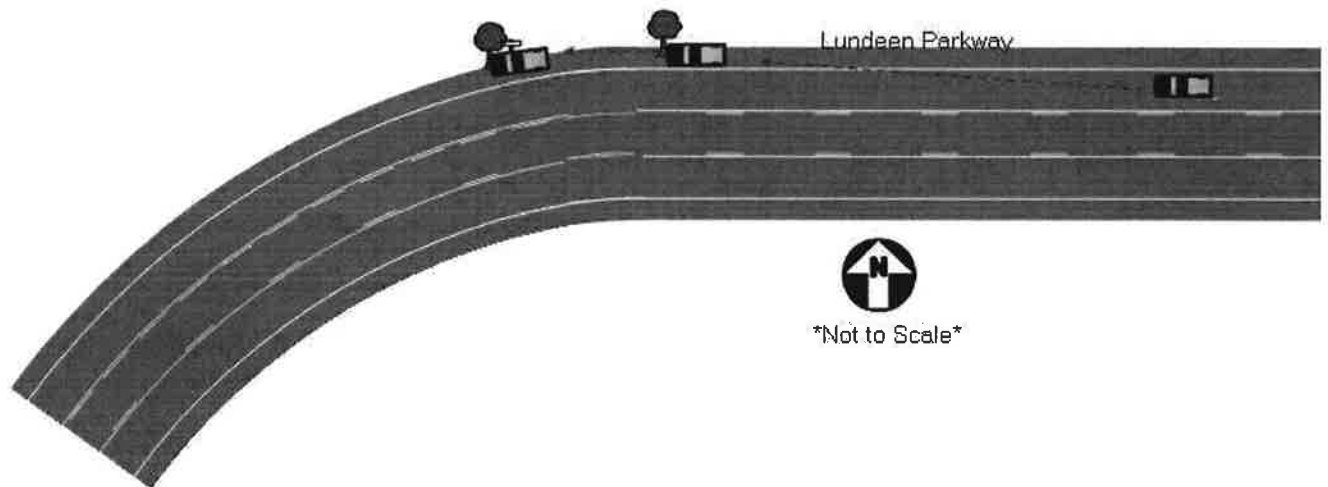
WA0311900

TIME POLICE DISPATCHED

3:45 AM

TIME POLICE ARRIVED

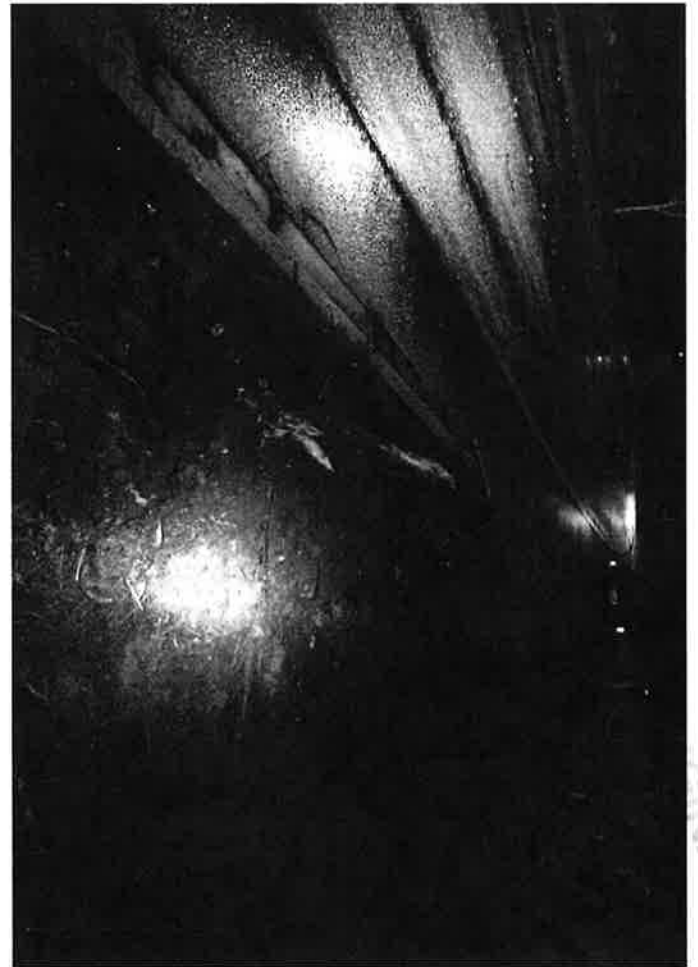
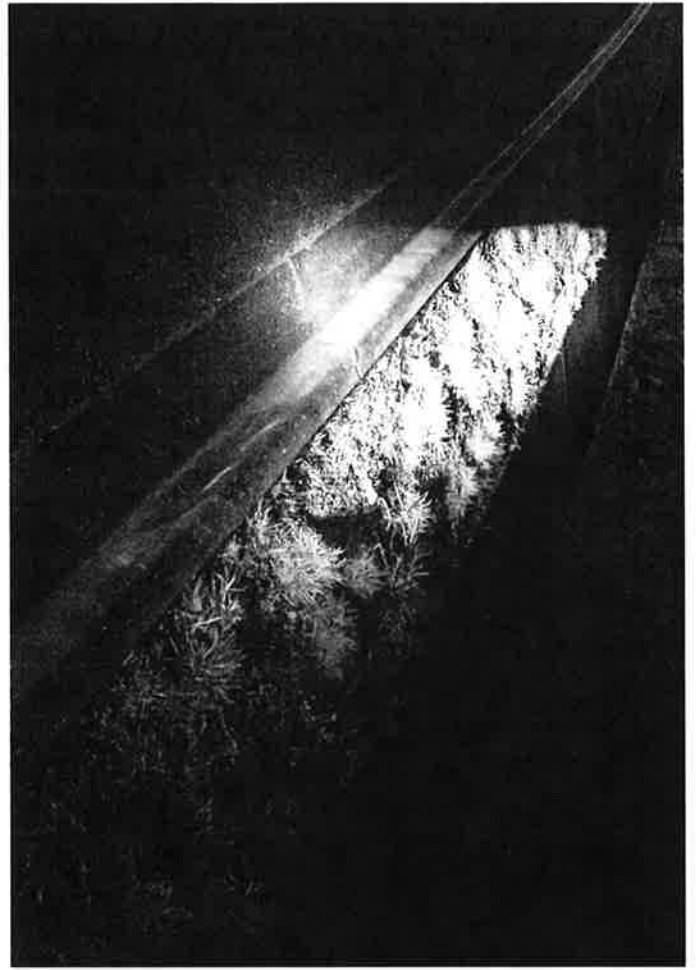
3:50 AM



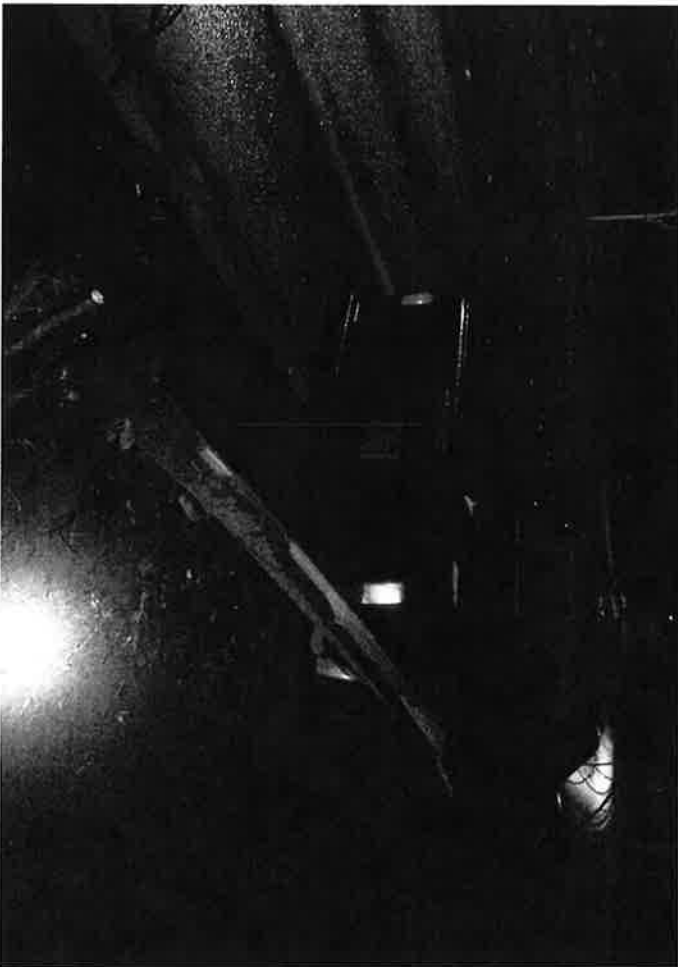
LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>M. HINGTOWN #121</i>		Case Number <i>15-00202</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time:	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification			
Item #	Item	Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found			
<i>1</i>	<i>Photo CD</i>				
<i>3</i>					
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found			
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found			
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found			
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found			
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name	Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found			
Owner's Name		Address		City	State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here

Evidence Control Use Only:

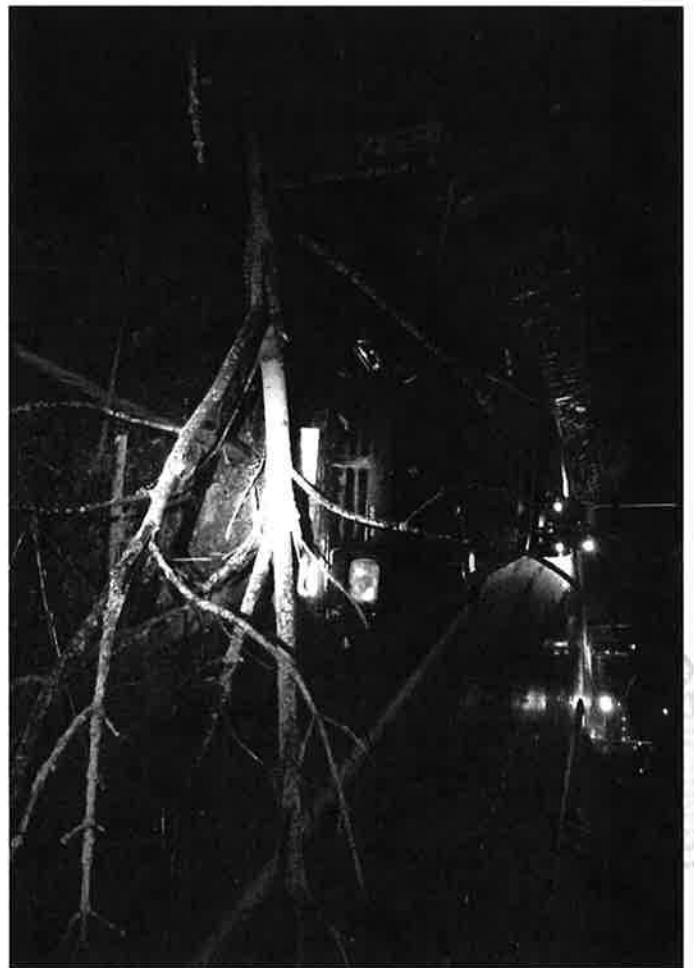
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File



LEAD
ORIGINAL



LEAD
ORIGINAL





2007
ORIGINAL

Incident History for: #SS15001300

Case Numbers: \$SS15000202

Entered 01/22/15 03:44:48 BY SPCT04 SP0400
Dispatched 01/22/15 03:45:02 BY SPSC39 SP0213
Enroute 01/22/15 03:45:02
Onscene 01/22/15 03:50:49
Closed 01/22/15 04:24:01

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: NORT

Src: T

Loc: LUNDEEN PARK WY/SR 9 NE , LKS (V)

Loc Info: ON LUNDEEN, WO

Name: WSP

Addr:

Phone:

/0344 (SP0400) ENTRY , AC, NON-INJ, NON-BLK, PU INTO TREE, TROOPER CAN
NOT STAY ONSCENE
/0345 (SP0213) DISPER 19N2 #SS126 HINGTGEN, OFFICER (MICHAEL)
/0348 (SS126) REMINQ 19N2 MDTVEH, B48429H, , WA, , , , , , , , , ,
/0350 (SP0213) ONSCNE 19N2 [1800 LUNDEEN]
/0356 ASNCAS 19N2 \$SS15000202
/0357 (SS126) REMINQ 19N2 MDTWANT, BRAGER, JACOB, R, 032984, , , WA, , , , , , , , , ,
/0358 REMINQ 19N2 MDTWANT, NELSON, SHELLEY, J, 010772, , , WA, , , , , , , , , ,
,,
/0406 (*****) REMINQ 19N2 B67059U
/0406 (SP0243) REMINQ 19N2 LIC, 19N2, B67059U, , ,
/0407 ROTREQ 19N2 TOW 5705 LKS TOP NOTCH TOWING
3605688877 , OWNERS REQ NEXT ROTATIONAL
/0408 MISC 19N2 , TOP NOTCH TOW ENR
/0418 MISC 19N2 , TOW ONSCNE
/0424 CLEAR 19N2 D/H
/0424 CLOSE 19N2